

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or **Fax** (571) 273-2885

DEC 19 2005

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee applications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28120 7590 09/20/2005

FISH & NEAVE IP GROUP
 ROPES & GRAY LLP
 ONE INTERNATIONAL PLACE
 BOSTON, MA 02110-2624

12/20/2005 TBESHAH2 00000024 181945 09699580

01 FC:1501 1400.00 DA
 02 FC:8001 15.00 DA

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Susan Lannoy (Depositor's name)
 (Signature)
 December 19, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/699,580	10/30/2000	David H. Beach	GPCI-P10-019	8428

TITLE OF INVENTION: NOVEL CDC25 GENES, ENCODED PRODUCTS AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
VIVLEMORE, TRACY ANN	1635	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Fish & Neave IP Group
 Ropes & Gray LLP

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The National Institutes of Health

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bethesda, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number J8-1945 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature

Ignacio Perez de la Cruz

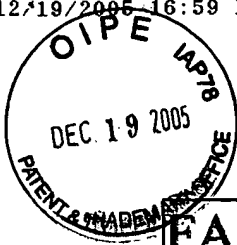
Date December 19, 2005

Typed or printed name Ignacio Perez de la Cruz

Registration No. 55,535

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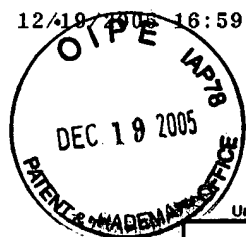
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**FAX TRANSMISSION****DATE:** December 19, 2005**PTO IDENTIFIER:** Application Number 09/699580
Patent Number**Inventor:** Beach et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-2885**FROM:** ROPES & GRAY LLP
Ignacio Perez de la Cruz**PHONE:** (617) 951-7289**Attorney Dkt. #:** GPCI-P10-019**PAGES (Including Cover Sheet):** 4**CONTENTS:** Fee Transmittal (1 page)
Part B - Fee Transmittal (1 page)
This Facsimile Cover Sheet (1 page)
Charge \$1,415.00 to deposit account 18-1945

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 09/699580 Filing Date October 30, 2000 First Named Inventor David H. Beach Examiner Name T. A. Vivimore Art Unit 1635 Attorney Docket No. GPCI-P10-019	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,415.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)
- 20 = _____ x _____ = _____							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
- 3 = _____ x _____ = _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
- 100 = _____		/50		(round up to a whole number) x _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility Issue Fee							1,400.00
8001 Printed copy of patent w/o color							15.00

SUBMITTED BY			
Signature	<i>Ignacio Perez de la Cruz</i>	Registration No. (Attorney/Agent)	55,535
Name (Print/Type)	Ignacio Perez de la Cruz	Telephone	(617) 951-7289
		Date	December 19, 2005

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Dated: 12/19/05	Signature: <i>Susan Lanney</i> (Susan Lanney)

9892881_1



PTO/SB/97 (09-04)

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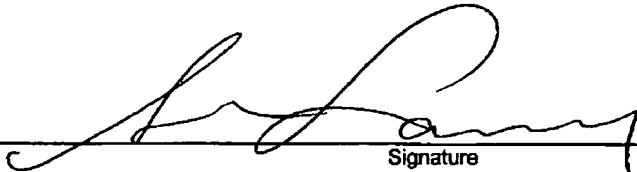
Application No. (if known): 09/699580

Attorney Docket No.: GPCI-P10-019

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on December 19, 2005
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Susan Lanney

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